|  |  |   |                                   |                         |                                 |                                    |        |                     | Application or Docket Number |        |                |  |  |
|--|--|---|-----------------------------------|-------------------------|---------------------------------|------------------------------------|--------|---------------------|------------------------------|--------|----------------|--|--|
| PATENT APPLICATION FEE DETERMINATION RECORI<br>Effective October 1, 2001 |  |   |                                   |                         |                                 |                                    |        | 21773206100         |                              |        |                |  |  |
| CLAIMS AS FILED - PART I (Cotumn 1) (Cotumn 2)                           |  |   |                                   |                         |                                 |                                    | ,      | SMALL EX            |                              | OR     | OTHER<br>SMALL |  |  |
| TOTAL CLAIMS   |  |   | 32                                |                         |                                 |                                    |        | RATE                | FEE                          |        | RATE           | FEE  |  |
| FOR  |  |   | NUMBER FILED                      |                         | NUMBER EXTRA                    |                                    |        | BASIC FEE           | 370.00                       | OR     | BASIC FEE      | 740.00   |  |
| TOTAL CHARGEABLE CLAIMS  |  |   | 3 <sup>2</sup> minus 20=          |                         | . 12                            |                                    |        | X\$ 9=              |                              | OR     | X\$18=         | 216  |  |
| INDEPENDENT CLAIMS   |  |   | minus 3 =                         |                         | 2                               |                                    |        | X42=                |                              | RO     | X84=           | 160  |  |
| MUI  | LTIPLE DEPEN                                   | DENT CLAIM P                                | RESENT                            |                         |                                 |                                    |        | +140=               |                              | OR     | +280=          |  |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |  |   |                                   |                         |                                 |                                    |        | TOTAL               | <u> </u>                     | OR     | TOTAL          | 1124   |  |
| LA CLAIMS AS AMENDED - PART II   |  |   |                                   |                         |                                 |                                    |        | SMALL               | ENTITY                       | OR     | OTHER<br>SMALL | THAN   |  |
| AMENDMENT A  | 1. 1.  | (Column 1) CLAIMS REMAINING AFTER AMENDMENT |                                   | HIGH<br>NUM<br>PREVI    |                                 | PRESENT<br>EXTRA                   |        | RATE                | ADDI-<br>TIONAL<br>FEE       |        | RATE           | ADDI-<br>TIONAL<br>FEE                           |  |
|  | Total  | . 32  | Minus                             | - 3                     | n                               |                                    |        | X\$ 9=              |                              | OR     | X\$18=         |  |  |
|  | Independent                                    | • 5   | Minus                             | ****                    | 5                               | • /                                |        | X42=                |                              | OR     | X84=           |  |  |
| <b>4</b>   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                   |                         |                                 |                                    |        | 140-                |                              |        | +280=          |  |  |
| 1.1  |  |   |                                   |                         |                                 |                                    |        | +140=.              |                              | OR     | TOTAL          | -  |  |
| 0  | child.   |   |                                   |                         |                                 |                                    |        |                     |                              | OR     | ADDIT. FEE     |  |  |
| X  | 118 144  | (Column 1)                                  |                                   |                         | mn 2)<br>HEST                   | (Column 3)                         | 4      |                     | 1 4504                       | 1      |                | 4001   |  |
| AMENDMENT B  |  | REMAINING<br>AFTER<br>AMENDMENT             |                                   | NUA<br>PREVI            | MBER<br>NOUSLY<br>D FOR         | PRESENT<br>EXTRA                   | ł      | RATE                | ADDI-<br>TIONAL<br>FEE       |        | RATE           | ADDI-<br>TIONAL<br>FEE                           |  |
| Š  | Total  | . 18  | Minus                             | - /                     | 52                              | -                                  |        | X\$ 9=              |                              | OR     | X\$18-         |  |  |
|  | Independent                                    | •5  | Minus                             | F                       | <u> </u>                        | 1-/                                | 4      | X42=                |                              | OR     | X84=           |  |  |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                   |                         |                                 |                                    |        | +140=               |                              | OR     | +280=          |  |  |
|  |  |   |                                   |                         |                                 |                                    |        | TOTAL<br>ADDIT, FEE |                              | OR     | ADDIT. FEE     |  |  |
|  |  | (Column 1)                                  |                                   | (Coh.                   | ımn 2)                          | (Column 3                          | )_     |                     |                              |        |                |  |  |
| AMENDMENT C  |  | CLAIMS REMAINING AFTER AMENDMENT            |                                   | HIG<br>NUI<br>PREV      | HEST<br>MBER<br>NOUSLY<br>D FOR | PRESENT<br>EXTRA                   |        | RATE                | ADDI-<br>TIONAL<br>FEE       |        | RATE           | ADDI-<br>TIONAL<br>FEE                           |  |
| No.  | Total  | •   | Minus                             |                         | <del></del>                     | -                                  | ]      | X\$ 9=              |                              | OR     | X\$18=         |  |  |
|  | Independent                                    | •   | Minus                             | 444                     |                                 | =                                  | ]      | X42=                |                              | 1      | Yaa            | <del>                                     </del> |  |
| 13   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                   |                         |                                 |                                    |        |                     | ļ                            | OR     |                | -  |  |
|  |  |   |                                   |                         |                                 | •                                  |        | +140=               | <u> </u>                     | OR     | +280=          |  |  |
|  | M the "Michael No                              | imn 1 is less than 1<br>imber Previously P  | and For IN Th                     | 46 SPACE                | is less th                      | an 20, enter "7                    | 0.*    | TOTAL<br>ADOIT, FEE |                              | OR     | ADDIT. FEE     |  |  |
| ***  | 'If the "Highest No. The "Highest No.          | umber Previously Pa<br>mber Previously Pa   | hald For IN Th<br>uld For (Total) | (IS SPACE<br>or Indepen | is less the<br>ident) is th     | en 3, enter '3.'<br>e highest numi | ber fo | ound in the ag      | propriate bo                 | x in-q | olumn 1.       |  |  |